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SPECIAL ARTICLES

MUNICIPAL CONTROL OF MILK SUPPLY

DR. A. GRANT FLEMING

THE PRODUCTION OF CLEAN MILK

E. H. STONEHOUSE

CANADIAN PUBLIC HEALTH ASSOCIATION

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The Public Health Journal

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Municipal Control of Milk Supply

BY DR. A. GRANT FLEMING, *Deputy Officer of Health of Toronto.*

I N writing this paper, I have had in mind that it might be helpful to others in their efforts to secure a pure safe milk supply, if I outlined the methods that have been found most practical in securing results in this particular piece of work in Toronto. It is somewhat difficult to state the effect of any one part of the whole effort, but in the course of months one does get the impression that certain parts, in comparison with the rest, considering the time spent and the cost, do give better results than others. It might well be mentioned at the outset, that it is necessary to change methods, that while one type of attack gives good results for a time, and up to a certain point, it then must be discarded in favour of some other mode of approach. Also, it is of course, appreciated in this work, as in all others, that different people are best approached in different ways. While the vast majority will meet you half way, and quickly realize that what you wish them to do, is for their own, as well as for the general good, there are a few who only recognize one power, and that is the law.

The milk problem brings you into touch with three classes of people; producer, distributor, and consumer. They must all be educated to do their part, if the best result is to be obtained, and the result which is aimed at is clean unadulterated milk from healthy cows, pasteurized, and then kept clean and cold in the home until used.

As in other problems it is well to begin at the beginning, and in this case we start on the farm. The Ontario Milk Act places on each municipality the responsibility for having an unsatisfactory or dangerous milk supply. It does so by giving the municipality power to pass a by-law to protect its milk supply, and if any municipality does not do so, the responsibility rests solely on that municipality. The Milk Act, on which the by-law is based, appreciates

the need of inspection at the source on the farm, and in this particular work, the municipality is given power to send its inspectors to work with authority outside of its own borders.

The work on the farm is in two parts; the education of the farmer to use ordinary cleanliness in regards to milking, and to provide facilities for chilling the milk as soon as milked. An elaborate barn is not a necessary part in the production of clean milk. A man that keeps his hands clean, his cows groomed, wipes off the udders before milking, milks into a small mouthed pail, can produce milk that comes up to the standard of certified milk, in regards to cleanliness or bacterial count.

Our experience has shown the advisability of having a graduate of a veterinary college to do the work of dairy farm inspection, the reason being that he can soon become the friend of the farmer, giving him valuable and intelligent advice about his cattle. This has been proven in many instances when a farmer, who has been stopped from shipping his milk because it has been found dirty or below standard, has called at the department, he has expressed more anxiety over what the inspector of his farm will think of him for falling down, than over the loss of money resulting from his milk being excluded from the municipality.

We have found to convince the farmer that he is producing dirty milk, there is nothing that compares with the sediment disc. Bacterial counts mean nothing to him, but a disc showing the black of the mud, or the yellow stain of dissolved cow manure with pieces of straw, is something that he can see and appreciate; as a matter of fact this is often the first convincing evidence he has had, that he is not producing a clean milk. The disc can be kept, a point which is important, for when the farm inspector goes out, he can take the discs for the farms to which he is going, to show the farmer the gross dirt in his milk, or on the contrary, as now happens in the majority of cases, to show him either the absence of gross dirt, or a great improvement over former ones. Do not forget that a word of encouragement is of great value, when deserved, in securing real co-operation. There is no hope of having a sufficient staff to examine every day all the milk coming into the municipality, and unless the farmer is persuaded of his duty, and wants to produce the desired clean milk, the inspector has failed. The few that cannot be taught—that being by nature dirty and so unfit to be in the milk business—these should not be allowed to ship milk, but should be permanently excluded. Farms should receive

their first inspection, and the inspector be satisfied before the producer begins to ship milk to the municipality.

Here, let me say, that we have found it necessary to be careful in writing letters. Form letters are no longer used. Each letter is a personal one, and when we write to a farmer or dairyman concerning unsatisfactory conditions, we never threaten him with anything that we are not prepared to carry out. If the letter states that his supply will be excluded the next time his milk arrives dirty or below standard, then such is done. The result is that those we deal with appreciate that we are in earnest, and now upon receiving a warning letter, they, as a rule, get in touch with the Department to ask that the inspector call, to advise them how to correct matters. One man cut off in any district, is a warning to the whole district. We very seldom take cases to court for the exclusion of a man's supply when he transgresses the regulations, automatically imposes a fine on him, due to the loss of sale of his milk; and as all his neighbors very soon know, they are warned by his misfortune and we profit by it.

Inside of the municipality the milk on arrival is tested for gross dirt, and chemically for butter fat, etc. It need hardly be stated that while we want whole milk, and do not appreciate paying for water as milk, this is a very secondary matter compared to the cleanliness and safety of the milk.

Dairies must be properly constructed, and it is well to see all plans for new buildings and additions before they are started, for here the Department can be of help to the dairyman. It is not difficult, providing one has the money, to equip an ideal dairy, but it requires a great deal of work to keep it clean. Steam costs money, labour is expensive, and there is a natural tendency to cut expenses and increase profits. It is easy to let piping or machinery go without proper cleaning. There is only one way to meet the problem of keeping the dairy up to the mark, and that is by insisting on its being so at all times. Any dairyman who refuses to carry on properly can be dealt with by refusing to grant him a license until the Department of Public Health has issued a permit, and this power can be exercised to force out of the dairy business the man who is unfit to be in it, by that, I mean the man who is unable to appreciate the responsibility of his position in the community, as being either one of the real life savers or an ally of the man of death.

Believing as we do in pasteurization, because we realize that a very large percentage of dairy cattle are tuberculous, that many

farmers are only comparatively clean milkers, and the dangers of contamination at any of the various points of handling, we must guard against the impression that it takes the place of other precautions.

To insure that the milk is raised to the proper temperature and held there for the correct length of time, a recording thermometer, placed on the pasteurizer, owned and controlled by the Department of Public Health, acts as a constant check. The honest dairyman welcomes such an instrument, as he can see for himself just what is happening and he in turn uses it to check his employees, for often the employee in the dairy is to blame, not the owner, when milk is not properly handled. As for the dishonest dairyman, the sooner he gets out of business the better for all concerned. The efficiency of the sterilization of cans and bottles is checked by bacterial counts on them. Both can be readily sterilized if sufficient steam is applied for a proper period of time. Unsterilized cans or bottles merely mean insufficient steam or too hurried work.

As it is what is delivered to the consumer as the final product, that is most important, samples should be regularly taken from the delivery wagons for testing.

The consumer must be educated to keep milk cold and protected from dirt from the time it is delivered.

To sum up, the essential points are:

Inspection of farms and education of farmers, having as the inspector a graduate of a veterinary college.

Testing for gross dirt by means of sediment discs.

Excluding the supply of those farmers, who after warning, ship dirty milk or milk below the legal standard of quality.

Inspection of dairy premises and machinery for cleanliness.

Recording thermometers owned by the Department of Public Health, on all pasteurizers.

Checking of the sterilization of cans and bottles by means of bacterial counts.

Samples taken from retail wagon to check the final product as delivered.

Education of consumer to protect milk in the home.

The Production of Clean Milk

BY E. H. STONEHOUSE, *President National Dairy Council of Canada.*

IN accepting your invitation to speak upon the subject of Milk Production, I do so with many misgivings. Yet, upon reviewing many of my experiences while engaged as a Municipal Milk Inspector, I have decided, wisely or unwisely, to tell you some of my experiences, some of my thoughts upon the question, and some definite conclusions I have formed.

Your Secretary, Dr. Middleton, in extending this invitation, pointed out that he wished me to deal with the Care of Herds, the General Sanitation of Cow Byres, together with the best methods used in producing good milk, as free as possible from dirt, which of course in connection with such a subject also means Germs. I am also informed that a separate paper is to be given on Pasteurization. I will therefore treat with the subject as if pasteurization were non-existent.

Let me begin by saying my study of the question convinces me that when we have outlined or perfected a system under which clean milk can be produced for a municipality of 5,000 people, we have a cure for our milk troubles which is Province wide. The question of dirty milk in cities such as Hamilton, Ottawa and Toronto is not nearly so acute. Large cities can afford to spend huge sums on supervision and as most things are available for cash, city milk departments are enjoying a measure of success not applicable to the rural or rural urban towns and villages. Let us see then, conditions as they exist in small centres and if we decide they are bad (even dangerous) let us try to form some plan by which matters may be improved without increasing the cost too much.

In discussing this question it is well to remember that in these days of extensive child welfare campaigns and the slogan that each school child should drink a pint of milk per day, that even we adults become irritated and indeed some of us even get angry, if the milkman has not yet arrived when we sit down to breakfast. Milk may be said to form part of every meal we eat, in some form or other. Therefore the extraordinary importance of milk as a food compels the careful consideration of everything concerning it,

and any procedure which will enable or assist the valuable food to be consumed in a state of purity should be welcomed.

Generally speaking, the herds from which our supply is derived are of a mixed character, with cattle of the Holstein breed predominating largely by reason of this cow's well-known generous milk flow, although it may be said to contain slightly less fat content as compared with cattle of the Ayrshire or Jersey type.

In so far as I am aware, little Tuberculin testing is carried on, save possibly in the very large centres where some particular breeder with a hobby for thoroughbred stock raising, or some producer desires to place upon the market what is known to us as Certified Milk, and which as a rule costs just twice as much to the consumer as ordinary market milk.

I cannot say that dairy cattle suffer from any one particular disease more than another, unless it be tuberculosis of course and another form of Mammitis, or as it is called by the dairyman himself Garget, or inflammation of the udder. According to dairymen, Garget arises from a number of causes, such as one cow stepping upon the udder of another, or the udder becoming bruised and lacerated in any way, or by careless milkers neglecting to properly strip at each milking. This latter is said to be one of the chief sources of the inflammation which of course is responsible for much of the bad odour and the frequently finding of pus in milk. (It should also be said of course that the feeding of certain roots, particularly turnips, just before milking is the reason given by many dairymen for strong odourous milk.

CARE OF DAIRY CATTLE.

It may be said that the dairyman gets in milk yield just in proportion to the care of his herd. If the cattle are badly housed, in a cold, damp, dark, dismal barn, and are not properly cleaned and fed regularly (particularly during winter), he must neither expect healthy animals nor an abundant supply of milk. Dairy cattle, and particularly those finely bred stock seem very responsive to kind treatment and good, well-balanced feeding. It should not be forgotten in these days when we hear so much about Vitamins and yet so little, that these accessory food factors are also necessary to animals and that when these are omitted or withheld nutritional disturbances develop which I feel sure would have some bearing upon the cows' ability to produce. Just what effect this might have upon the milk itself I am not prepared to say.

COW BYRES.

There are many different plans available after which dairy stables may be patterned. If one does not care to work out the details himself, he may secure a Book of Plans from almost any manufacturer of dairy equipment. Without doubt many of these plans are good. In these days of competition dairymen who have been fortunate and have achieved a measure of success have in some of the older parts of the Province set up what are known as Model Barns and which may be termed cow palaces. Possible, from a Public Health standpoint, the long single story structure having no loft above the cattle is the best (although the most costly to operate).

Throughout the Province there may be said to be *three* distinct classes of dairy barns in use: The Model Plants already referred to and operated by large dairy companies as show places; the Remodelled Barns which come into being usually after the passing of a Milk By-law creating certain standards, and in the third place in rural and rural urban territory the ordinary farmers Bank barn, conforming to no particular standard. These latter are of course much the more numerous throughout the Province.

Usually the Model barns, and very often the stables which have been remodelled, are equipped with concrete floors, steel stansions, either the individual water bowl or the watering trough fed by a pump and the height of water level regulated by a Babcock cistern, two square feet of window glass is the usual lighting requirements for each cow.

Ample roof ventilation should be provided, together with a flue conduct in the walls at a height of say three feet from the floor level as a fresh air inlet. It should here be noted that the absence of proper ventilation often causes the exhalation from cattle to lodge on the ceiling and walls during cold weather, returning again in the form of water during a thaw, and oftentimes finding its way into the milking pail, carrying with it considerable dirt from the ceiling, as well as from the animals themselves.

Hay and other fodder should not be stored over dairy cattle not even when tight lumber floors are used. The discharge of these foodstuffs from above into the mangers creates unnecessary dust, which is usually only partly cleaned up. In barns of this type, the opening and shutting of doors is sufficient to send clouds of fine dust flying hither and thither.

Care should be observed in seeing that the width of cow stand (that is the distance from stanson or tie chain to gutter, is right), otherwise the cattle are able to lie in manure droppings. Badly constructed, badly arranged cow stagings are responsible for much of our dirty milk. A cow, after becoming caked with manure which has dried, cannot be cleaned without the application of hot water. I am sure a visit to a herd of say twenty cattle in January would, without doubt, cause the large town consumer to wonder how clean milk could be drawn from such animals.

The dairy cow should be cleaned and curried with as much patience and care as is a prized race horse of an enthusiastic owner. The tail, flanks and udder should be clipped short to make grooming twice daily much easier.

I am a convert, when two rows of cows are kept, that cattle face each other, with a central feed passage between. Such an arrangement makes feeding easier and cheaper, and as your windows are in the side walls, you have the light on the business end of the cow.

There is a wide diversity of opinion as to the relative value of hand milking as opposed to the milking machine. As a matter of fact, my own conclusions are not very well grounded. I find, however, that in many instances when such machines have been purchased in other years they now hang upon the wall unused. I have questioned many dairymen upon the point. Some state that to remove strippings when a machine is used, the hand milker is necessary so that little saving is effected. Others state that too much care is necessary in order that the rubber tubing which acts as a conduit from the udder to the milk pail, be kept clean or a bacterial growth develops which tends to sour the milk rapidly, and as the cleansing of this rubber tubing cannot be entrusted to hired help he must needs do the job himself. He therefore claims that this is an added job to a man who already has too much to do. However, be this as it may, the milking machine is not widely used in rural or rural urban centres.

There are also many objections to be found with some methods of hand milking. We have the employee who proceeds with the milking attired in the same clothes in which he has cleaned the stables, fed the cows, etc. There is also what is known as the wet milker, the man who carries with him into the barn sufficient milk from a previous milking to be used as a primer, so to speak. Into this he proceeds to wash his hands, thus making the task of milking easier for this particular man. Wet milkers are not the excep-

tion, but are all too plentiful. He has not been taught to believe, or to realize, that he may be a Typhoid Carrier, a Diphtheria Carrier, and that he may be planting disease germs in the best medium possible outside of the human body. The knowledge which we possess and of which we are so justly proud, must be conveyed in some manner to even the hired man upon the dairy farm if these health hazards are to be understood.

Warm milk should not be allowed to stand or remain in the stable, but should be hurried to the milk house immediately after being drawn from the cow. On reaching the milk house the warm milk should be poured into the cooler to remove animal heat and arrest bacterial growth.

The advantage of cooling milk as rapidly as possible after milking is too little understood and not sufficiently appreciated by the dairyman, to become what it must be, part of the dairy equipment which is indispensable. I find a great many dairies, particularly in rural communities, where the cooler is unknown. After cooling to say 55° Fahrenheit, milk should be strained and bottled and is then ready for delivering. The producer, however, who sells to a vendor does not, of course, bottle his milk, but strains it into 8-gallon cans and delivers to his vendor. It may have occurred to many of you, does not the vendor or middleman who does not pasteurize or otherwise improve the quality of the product increase the cost unnecessarily? It would seem that he does, yet my study of the question convinces me that the vendor is here to stay. There is too much bustle and too little time to spend on the proper washing and sterilization of bottles, cans, and bottle fillers to give delivery of milk the attention which it must receive. The ideal would probably be to have a number of producers, but only one vendor for each community. Some Health Officers argue that municipalities should set up model milk houses and should treat and deliver all milk used in the community, thus ensuring a uniform produce and without doubt could lessen the cost per bottle by economizing in the application of system. The present arrangements permit of sometimes as many as ten vendors supplying a town of 10,000 people, each with a full complement of helpers and a plant capable of handling many times the quantity of milk sold, and each delivery wagon perhaps chasing those of two other competing dairymen for a mile with the prospect of serving only two one-pint customers. Such a state of affairs may be designated as keen competition, but it does not cheapen the cost of operation.

Now we have set out, if briefly, some of the methods used in the production of milk and I venture to say much we have discussed is thoroughly well known to most of you, and at this point one can hear this question, "And after all this has been done, *the milk is still dirty and therefore not safe.*" The question is an absolute truth, speaking provincially milk sold in Ontario for domestic consumption (that is outside of our larger cities), is disgusting, dirty and dangerous. I would not have you think my decision is a chance one, or that my observations have been local. I am making a bold statement. I will even go further and say I see no possible chance for a betterment of conditions as long as we Health Officers and Health workers remain in our present state of apparent indifference. By this I do not mean we can do nothing for the question, each Health Officer and every practising physician desires and knows the value of a clean, safe supply of milk, but few of you have the time to spend among your dairymen in an attempt to reach your ideal.

I believe in the following statement (we have not the time to spend upon milk education) is exactly where the whole failure rests. Now then, if we admit that we have not sufficient time at our disposal to secure the desired result, shall we allow matters to continue as they are, using this perfectly legitimate excuse as a justification? Or should we at such a time as this, when we can at least give the question our whole attention at least for half a day, try to devise some means whereby the situation may at least be improved. Let me offer a few suggestions and a common sense plan by which, if the routing proposed be carried out, wholeheartedly, we may achieve a very considerable measure of success.

In describing this plan, I am assuming the ordinary routing Inspections, together with primary analysis of milk for fat, and the necessary sedimentation test for visible dirt, is to be carried out by the sanitary Inspector, superintended and guided by the Medical Officer. My assumption has as a basis the fact that there are many more full time sanitary inspectors than medical officers. This being the case, I believe the properly trained Inspector has a much better opportunity to systematically carry on the work.

Many of you will agree with me when I say many of our failures in Public Health work should be ascribed to the fact that public opinion is not with us. It is true if you meet the citizens of a town singly, or even at a meeting on some health question, you will find the great majority in favor of whatever the question may be. Nevertheless, there is not the enthusiasm shown to make the

backing of the consumers a factor of real value. Now in the production of clean milk, how is the consumers' help and support to be enlisted in one campaign, which must start soon. On what can the public base its judgment? You might point to our Infantile death rate. True. You might also state that the milk is dirty and speaking broadly this is also true, but are you proving this to the consuming public in such a way as to make them demand that it shall be clean? No! Let me remind you that anything the great public demands and insists that they shall receive, they can get. If I am right in this, let us plan to harness the support and energy now being wasted and see if we cannot give the public a chance to judge as to which milk is clean and which is dirty, and I venture to say few will buy from the dirty producer. If I am right, the job is in a fair way towards completion.

Following up this thought then, the officials of all Boards of Health must purchase, first, a sedimentation tester; second, a Babcock tester with the necessary equipment for testing for butter fat; third, a lactometer and a thermometer. These few simple instruments are all that are necessary to supervise your milk supply.

Milk may be tested for dirt and an analysis made for fat every two weeks or monthly as is required. Now, in addition to the equipment mentioned, a square wooden frame with a glass front and have a sheet of white blotting paper fixed to the back, should be secured. This blotter should be ruled off into squares sufficient to correspond with the number of tests to be made annually (see sample as a demonstration). This frame we will call a Bulletin Board. After each test is made, sedimentation disc containing whatever dirt may have been in the bottle, these cotton discs are to be placed in the centre of each square shown. The fat analysis is to be placed immediately underneath.

To get the educational value from this examination, the bulletin board should not be kept in the office of the Inspector, but must be hung up in some place where the public congregate, say in the lobby of the City Hall. Immediately underneath, or above this board, should be attached a placard with the following announcement: "The Amount of Dirt Visible Upon These Discs has Been Filtered from a Pint of Milk, and the Figures Underneath Indicate the Amount of Butter Fat it Contains. Mr. Citizen, are You Satisfied With Your Milkman?"

Now, if you have followed me as closely as I would have you, the strategy of such a procedure should be apparent. It is ex-

pected the consumer whose interest has been aroused, and to whom the opportunity of comparing results found upon this bulletin board has become a habit, now having found a means whereby he or she may judge as to whose milk is cleanest, he or she will promptly stop buying from the dirty producer and deal with the dairy which produces *the clean white discs*. Thus the dirty, indifferent milk producer loses his trade and the clean, honest dairyman gains new customers.

There is no surer method of producing clean milk than by the liberal use of your sedimentation tester, combined with the proper publicity of your results.

I have actually seen dairymen quarrelling over such results. Rivalry between dairymen is thus easily created and should be prized very highly by the Board of Health as a tremendous asset in our effort to supply the public with clean milk.

At this point, let me ask this question: "Are we not as Health Officers educating the consuming public to base their judgment almost wholly upon the percentage of fat (or cream) contained in the bottle?" Is it not a fact that the large percentage of consumers are much more interested in the question of supposedly rich milk? You may easily have a milk which will test $4\frac{1}{2}\%$ butter fat drawn from a famous herd of Jersey cattle, which may be, and often is, loaded with Tubercle bacilli and polluted with dirt. If you agree with me that the public is basing its judgment in the manner set forth, shall we allow matters to remain as they are? Surely not!

We who have much to do with the question have a great responsibility and a heavy task. The ideas of the public in regard to this must be changed, if only we can arouse public opinion to demanding something better, our job will be less hard. Let me reiterate then, use your *Bulletin Board and the Little White Missionary to the very fullest extent*.

I have heard this statement many times, "but the production of clean milk is not nearly as simple as you would have us believe." I do not wish to convey any such opinion. It is not easy. There are a great many matters one must study, aside from the method of detecting dirt. In the hot summer weather preservatives may be used to prevent souring, such as formaldehyde. How to detect milk which has been skimmed or to which water has been added, I will go this far, however, and say, there is to my mind, little technical knowledge required to be a really good milk Inspector. There are three very important things one must know. First, the amount of dirt filtered from a pint of milk. Second, the tempera-

ture of the milk when we find it. Third, the age of the milk. Let me put this in another form:

Cleanliness determines the amount of first seeding down of the milk with bacteria.

Temperature affects the rate of increase after the milk has once become seeded, and the time affects the period or opportunity for development.

I contend, then, that if these three questions are properly taken care of, a large reduction in our infantile death rate, due to such diseases as diarrhoea and enteritis, should be expected.

The Health Officer or Inspector must learn the art of making his own diagnosis and to draw his conclusions from these three very easily ascertained facts. He needs no laboratory result to determine whether milk is fit for human consumption. I fear a bacteriological examination or a quantitative analysis to determine the total solids present, are not so helpful as one might think.

Reasonably clean milk, kept at a high temperature, or which may have become heated during transit to the laboratory, will oftentimes give you a result very misleading. I firmly believe your determination should be made upon the ground or as soon after as possible.

Now, at this point of our discussion, is it too much to hope that a committee be struck from this meeting, whose duty it would be to bring in a simple system of milk inspection in which the public will co-operate and which will be effective. I feel sure this can be done. Might I go further and say if such a system can be devised, could it not be placed upon our statute books and used Provincially?

Are we not at present suffering from a lack of sufficiently trained workers? Is this not really where our failure lies? Could we not then also educate your Sanitary Inspectors to at least carry out efficiently such a simple system as I have tried to outline briefly?

How may we bring milk education to the Sanitary Inspector and to the dairyman himself, for be it noted, I claim it is not sufficient that the Medical Officer only possess such knowledge.

As a suggestion, could not the Government of Ontario either through the Board or the Department of Agriculture appoint say three milk specialists, not the ordinary technicians who study one side of the question only, but men thoroughly capable of officiating the many difficulties with which the dairymen are confronted. If these men are not to be successful, they must be able to discuss the relative values of the different breeds of cattle, and be familiar

with the wide range of feeds used. In order that we meet upon some common ground these officials should also be able to bring to the community in which they may be working information as to how milk problems are being met and solved in other communities. I venture the opinion that unless Health workers who specialize on milk are accepted by the trade, little success may be expected. On the other hand, if we can only meet the dairyman upon some common ground and be looked upon as helpers, not merely critics, we are bound to succeed, and why not? Should not this be the very essence of co-operation? It must not be forgotten the men who produce our milk have little time to spend upon the Public Health aspect of the production, particularly so in the case of the small producer who finds it difficult to make both ends meet.

In such an educational campaign as I have mentioned, these specialists could in each town visited, install and give information to the Milk Inspector sufficient to at least make possible the organization of a simple system of inspection. The Board of Health could also be met and finally, and probably the most important of all, could address a meeting of the consumers, setting up a basis by which the public might judge as to the cleanliness of the milk. I venture that if many such meetings were held and the value of clean milk demonstrated in simple non-technical language, there will be less dirty milk a year hence.

In conclusion, let me quote you the words of a very great man, uttered many years ago, and which I think adopt themselves admirably to the subject which we are discussing. He said: "No sanitary improvement will be effected, whatever acts you pass, or whatever powers you confer upon Public Officials, unless you create an intelligent interest in the public mind."

We must not depend too much upon the printed pages of our milk by-laws to educate the dairyman and the public. That's our job, for as this great man has said, and said truly, "you may have all the laws you like, together with a sufficient staff of officers for their enforcement, but if you cannot kindle sufficient interest in the minds of the people and of those whom your laws are expected to govern, then you have lost."

Canadian Public Health Association

Annual Meeting, St. John, N.B., June 7, 1922.

THE Annual Meeting of the C.P.H.A. was held at the Armouries, St. John, N.B., on Wednesday, June 7th, at 11 a.m. President, Hon. Dr. Roberts in the chair, and a good attendance of members present.

The President, in his opening remarks, pointed out the need of co-operation between the numerous voluntary agencies in the field of Public Health and deprecated the tendency of many of the organizations to limit their field of activity to one phase of public health only and to neglect other important phases.

The Secretary read the minutes of the meetings of May 18th, 1921, and October 17th, 1921, and these were adopted.

The Treasurer's report was read and adopted.

The Secretary reported that the office at 206 Bloor Street West, Toronto, had been temporarily closed on account of lack of funds, and that the temporary address of the association would be Room 25, Medical Building, University of Toronto, Toronto, Ont. This action was approved.

The following vote of thanks, moved by Dr. W. J. Bell, seconded by Mrs. Huestis, was carried unanimously:

"This Association desires to express its heartfelt appreciation of unbounded hospitality of the citizens of New Brunswick and especially the city of St. John, during the recent Public Health Congress."

A Nominating Committee consisting of Dr. Hattie, Dr. Desloges, Mrs. Huestis, and the Secretary, was appointed and retired.

While awaiting the report of this Committee a free discussion of the future policy of the Association took place. Finally it was moved by Mrs. Huestis, seconded by Dr. Bell, that a section of Industrial Hygiene be formed as a section of the C.P.H.A. This was carried.

In further connection of the policy of the Association, a Committee on Policy and Programme was appointed to report at a meeting on Thursday, June 8th, consisting of Dr. Hattie, Dr. Bell, Dr. Wyatt, President, Dr. Hastings, and Mrs. Huestis.

The Nominating Committee reported as follows:—

PATRON,

His Excellency, Baron Byng, of Vimy, Governor-General of
of Canada.

VICE-PATRON,

Rt. Hon. Mackenzie King, P.C.

HONORARY PRESIDENT,

His Honour The Lieutenant-Governor of Alberta, Hon. Dr. Brett
PRESIDENT,

Dr. Wm. Laidlaw, Edmonton, Deputy Minister of Health, Al-
berta.

VICE-PRESIDENTS,

Dr. J. A. Baudouin, Montreal.

Mrs. R. J. Hooper, St. John.

GENERAL SECRETARY,

Dr. J. T. Phair, D.P.H., Toronto.

TREASURER,

A. Grant Fleming, M.B., D.P.H., Toronto.

SECTION CHAIRMEN:

CHILD HYGIENE,

Dr. W. J. Bell, Toronto.

MENTAL HYGIENE,

Dr. Colin K. Russel, Montreal.

SOCIAL HYGIENE,

Dr. J. J. Heagerty, D.P.H., Ottawa.

LABORATORY WORKERS,

Dr. Allan Rankin, Edmonton.

INDUSTRIAL HYGIENE,

Mr. T. B. McCaulay, Montreal.

EXECUTIVE COUNCIL—PAST PRESIDENTS.

T. A. Starkey, M.D., D.P.H., Montreal.

Chas. A. Hodgetts, M.D., D.P.H., Ottawa.

J. W. S. McCullough, M.D., D.P.H., Toronto.

C. J. C. O. Hastings, M.D., Toronto.

M. M. Seymour, M.D., D.P.H., Regina.

J. D. Page, M.D., Quebec.

W. H. Hattie, M.D., Halifax.

J. A. Hutchinson, Westmount, Que.

H. E. Young, M.D., LL.D., Victoria.

J. A. Amyot, M.D., C.M.G., Ottawa.

Hon. Dr. Roberts, St. John.

BRITISH COLUMBIA,

Dr. R. H. Mullin, Vancouver.

Dr. F. T. Underhill, Vancouver.

ALBERTA,

Dr. Harold Orr, Edmonton.

Dr. H. C. Jamieson, Edmonton.

SASKATCHEWAN,

Dr. R. M. Bow, Regina.

Dr. F. C. Middleton, Regina.

ONTARIO,

Mrs. A. M. Huestis, Toronto.

Mrs. H. P. Plumptre, Toronto.

Dr. J. G. Fitzgerald, Toronto.

Dr. Alan Brown, Toronto.

Dr. G. D. Porter, Toronto.

QUEBEC,

Dr. A. H. Desloges, Montreal.

Prof. A. Vallee, Quebec.

Dr. E. Pelletier, Montreal.

NEW BRUNSWICK,

Dr. G. G. Melvin, Fredericton.

Dr. Wm. Warwick, St. John.

PRINCE EDWARD ISLAND,

Mrs. A. MacMahon, Charlottetown.

Dr. I. J. Yeo, Charlottetown.

MANITOBA,

Dr. A. J. Douglas, Winnipeg.

Dr. Gordon Bell, Winnipeg.

NOVA SCOTIA,

Dr. J. K. McLeod, Sydney.

Dr. A. C. Jost, Halifax.

OFFICIAL ORGAN,

The Public Health Journal.

Editor, Dr. Gordon Bates, York Building, Toronto.

The report was adopted as read. The Nominating Committee suggested Edmonton as the next place of meeting, but the meeting decided that this should be left in abeyance for the present, though Edmonton or Banff were favoured.

The meeting then adjourned to meet Thursday, 11 a.m., June 8th, to consider report of the Committee on Policy.

The adjourned meeting assembled June 8th at 11.30 a.m. to hear report of the Committee on Policy and Programme.

The report was presented by Dr. Hattie, and was carried unanimously on motion of Dr. Hastings and Dr. Bell, and the delegates to the Round Table Discussion on Friday, June 9th, instructed accordingly.

REPORT OF COMMITTEE ON POLICY AND PROGRAMME.

St. John, N.B., June 8th, 1922.

The President and Members of the C. P. H. Association:

Your Committee beg to report that, having given careful attention to the matters referred to them, they wish to refer the following resolutions for the consideration of the Association:

(a) Resolved, that since public health is a single interest with different aspects, and not a group of special interests, the C. P. H. A. has decided, for reasons of efficiency, economy and the public welfare, to more extensively develop educational activities along the lines of all recognized phases of preventive medicine, and through an Advisory Council promote co-ordinated action among the existing agencies in the field of public health.

(b) And to this end it is further resolved that it is the desire of the C. P. H. A. that every nationally organized agency chiefly engaged in any phase of public health work in Canada will appoint a representative on the Advisory Council.

In order that the Association may be placed in a position to give effect to this resolution, it will be necessary that funds be procured and that a properly qualified executive officer be selected to carry on the programme which the resolution implies. If, therefore, this resolution be adopted, it is recommended that the Committee be continued and that Drs. W. J. Bell and B. L. Wyatt be appointed as joint secretary-treasurers of the Committee to develop a programme, advise with reference to necessary changes in the Constitution, secure funds, make inquiries relative to the qualifications of persons who may be available for the position of Executive Officer of the Association, and to attend to such other matters as must be dealt with in order to insure prompt and effective action. It is further recommended that, if necessary, a special meeting of the Association be convened to consider changes in the Constitution.

Moved by Dr. McClenahan, seconded by Dr. Hattie, that a telegram of congratulation be sent to the Mayor and Council, Saskatoon, Saskatchewan, on their having passed Pasteurization By-law. Carried.

Moved by Dr. Hastings and Dr. Wyatt that Secretary be authorized to make minor changes in Constitution, if necessary, without changing principle of Constitution, to assist Committee on Policy. Carried.

Adjourned.

ROUND TABLE DISCUSSION ON CO-OPERATION OF VOLUNTARY AGENCIES.

A Round Table discussion on the co-operation of voluntary organizations was held in the Armouries, St. John, N.B., on Friday, June 9th, 1922. The Hon. Dr. Roberts, Chairman; Dr. J. J. Heagerty, Secretary.

The chairman explained the object of the meeting, namely: to bring out method of carrying on the work of voluntary health organizations in each province, so as to prevent overlapping and wastage of time, energy and money.

Representatives of voluntary organizations were present as follows:

1. Canadian Red Cross Society, Col. Nasmith, C.M.G.
2. Victorian Order of Nurses, Miss Harry.
3. Federal Department of Health, Dr. MacMurchy.
4. Canadian Medical Association, Dr. Hutchinson.
5. Canadian Public Health Association, Committee on Policy.
6. Canadian National Committee on Mental Hygiene, Dr. Hattie.
7. Canadian National Council for Combating Venereal Diseases, Dr. Bates.
8. Canadian Association for the Prevention of Tuberculosis, Sheriff Cook, Dr. Wodehouse.
9. Provincial Officers of Health, Dr. Roberts, N.B.; Dr. Hattie, N.S.; Dr. Chisholm, N.S.; Dr. Melvin, N.B.; Dr. McClenahan, Ont.; Dr. Laidlaw, Alta.
10. Independent Order of the Daughters of the Empire, Miss Liggett.
11. Women's Institutes, Mrs. Harold Lawrence.
12. Public Health Nurses, Miss H. T. Meiklejohn.

Discussion was participated in by the following: Col. Nasmith, Miss Harry, Dr. Helen MacMurchy, Mrs. Huestis, Dr. Laidlaw, Dr. Chisolm. Dr. Hattie proposed the following resolution, seconded by Dr. H. Chisolm, which was unanimously adopted:

"Resolved, that this Round Table endorse the principle of the resolution of the C. P. H. A. authorizing the formation of an Advisory Council to co-ordinate the work of the various nationally organized agencies engaged chiefly in public health work in Canada, and that each of these agencies be requested to represent, as far as practicable, such allied organizations as are in any way assisting the activities of these agencies.

"Further resolved, that steps be taken to organize individual provinces along similar lines, either through the provincial departments of health or through such organization as a provincial department of health may designate for the purpose."

Meeting of The Association of Medical Health Officers of Nova Scotia

THE annual meeting of this Association was held at Sydney, on July 4th and 5th. No more enthusiastic meeting has ever been held in the history of the Association. All papers read and the discussions which followed took on a very practical and instructive trend.

Dr. Cameron of Antigonish, read an up-to-date paper on "The Sources of Infection," and in conjunction therewith described the operation of the travelling clinic in Antigonish County which had just completed its itinerary. The work accomplished by this clinic was a revelation. It showed what can be done by the active co-operation of all interested organizations, and opened up vistas of assurance, confidence and hope in future health progress.

Papers were read by Dr. Miller of Kentville on "The Place of the Clinic," and by Dr. McLeod of Sydney on "The Place of the Public Health Nurse in the campaign against Tuberculosis." The measures advocated in these two papers when combined with the work of the travelling clinic seems to offer hope of a complete solution of the tuberculosis problem. A resolution along these lines was drawn up for presentation to the Government. With a little pressure all along the line from any interested organization the matter can be put over and something practical accomplished in the way of the control of one of our most difficult problems. Dr. P. S. Campbell of Port Hood, gave a most practical paper on "The Nostrum and Quackery Evil", taking the advertisements of one day in the country papers he showed the operations of such advertisers, and followed this up by obtaining official reports on the qualifications of such advertisers and the value of their Nostrums. Dr. Amyot, Deputy Minister of Health, continued this discussion showing what the Dominion Government had already done to control this evil. The number of patent preparations now registered in Canada had been reduced from 60,000 to 6,000 and also showed that very considerable progress was being made to protect the public in this respect.

Dr. Black, dental surgeon of Sydney, read a very excellent paper on "Oral Hygiene," quoting statistics and eminent authorities in support of a claim that a large majority of the ills that the youth

of the country suffers from are due to defective dentition and oral sepsis.

A report was presented to the Association summarizing the progress made in the extension of the public health nursing programme and that for combating venereal disease.

The evening session was well attended by the general public. Addresses were given by the President, Dr. Armstrong, and by Dr. Amyot of the Dominion Department of Health on the relation of the Public Health Bodies of Canada. The meeting ended with a photo-play for the education of the public on measures for the control of venereal disease.

A short session was held on the morning of July 5th for the election of officers and the report of the resolutions committee.

The following slate of officers was elected for the ensuing year:

President—Dr. C. W. Bliss, Amherst.

First Vice-President—Dr. P. S. Campbell, Port Hood.

Second Vice-President—Dr. C. S. Marshall, Bridgewater.

Council—Dr. H. B. Havey, Stewiacke; Dr. E. E. Bissett, Windsor; Dr. M. G. Tompkins, Dominion.

Secretary—Dr. W. H. Hattie, Halifax.

Time and place of meeting, the day preceding and at the same place as the meeting of the Nova Scotia Medical Society next year.

The Victorian Order of Nurses for Canada

Report of the Chief Superintendent, MRS. J. C. HANINGTON.

Read at the Annual Meeting of the Victorian Order of Nurses, Ottawa,
June 9th, 1922.

THE Victorian Order of Nurses for Canada has reached a very important mile post, its quarter century of existence and service to Canada. Out of the experience of two women who had seen the suffering and tragedy which accompanied the settlement by families of the North West Territories, came the thought and desire that the people of Eastern Canada should find the way to supply these pioneers with trained nursing Service. This led to the action of the Vancouver Local Council of Women in sending a resolution to the Countess of Aberdeen, wife of our Governor-General of that time, and President of the National Council of Women. The resolution was moved by Mrs. James MacAuley and seconded by Mrs. D. Gavin, the women referred to above.

On the same day there reached Lady Aberdeen a letter from Mrs. Wm. Dennis, President of the Local Council of Women of Halifax, suggesting that her Excellency take steps to establish as a National Memorial of the Diamond Jubilee of Queen Victoria an Organization to supply nurses thoroughly trained in Hospital and District Nursing, for the nursing of the sick who are otherwise unable to obtain trained nursing Service in their own homes in both town and country districts.

It was Lady Aberdeen's knowledge of our conditions and a strong desire to relieve them, coupled with a great energy and a faith in the support of the Canadian people that we owe the Victorian Order of Nurses as we have it to-day.

You have presented here in comprehensive form, massed statistics, which will give the general public the result of our twenty-five years' work. These do not, however, give the completed story, and they were collected with the greatest difficulty from a number of sources. Such a thing as a Central Administration office executive secretary, filing clerk, and stenographers, vital statistics, publicity material, lending library, and affiliations with leading universities for the supervised field work for their students, were not dreamed of by our Founders; but are to-day an important

feature of our work. In fact they are the Centre from which the life of the Order circulates, and it is the maintenance of this Centre which is causing the concern of the Board of Governors. In securing the figures presented to you we realized the struggles of the early years, the collecting of one, two or three thousand dollars to maintain the Central Office, pay the salary of the Chief Superintendent, which was less than that of a staff nurse of to-day, and such small expenses as postage, travelling expenses of the Chief Superintendent and the nurses, from post to post.

Such early records as we have show that the first centres such as Toronto, Montreal, Halifax and Ottawa contributed each year from their funds to the upkeep of the Central Office with a few special donations together with the original sum given by Lord and Lady Aberdeen. It was to the wives of our Governors-General that we owe our endowment fund which, in addition to grants to hospitals and local associations in the past, is now the only source of income of the Central Executive with its ever increasing needs.

I am not going to attempt to review in any detail these last twenty-five years which are recorded in the hearts of hundreds of thousands of sick and suffering folk throughout the Dominion who have been served by our good nurses. The services of well trained nurses for all, people of moderate income as well as the poor, was the dream of Mrs. MacAuley and Mrs. Dennis. I feel, however, that it will be of interest for me to review, more or less in detail, the work of the past five years, which covers my time of stewardship with the Order.

The tremendous organization and expansion under my predecessor will probably never be equalled or recorded by any subsequent superintendent; but the responsibility for the superstructure on these strong foundations will pass from one incumbent of the office to another.

My duties commenced during a critical period, overseas nursing service claimed many of our workers, and the needs of our country whilst at war forbade obtaining funds with which to extend our service. Our aim has been four-fold:

- (1) *To establish good office administration with complete record and filing system.*
- (2) *To improve and standardize the nursing service of all branches.*
- (3) *To secure the services of, or train, a sufficient number of graduate nurses in public health work and keep the several staffs up to strength.*

- (4) *To keep a sufficient number of inspectors in the field to co-ordinate the work with the policy of the Central Board.*

This four-fold development has advanced slowly owing primarily to lack of funds. The Central Executive was in accord with the forward policy of the executive nurses; but was unable to give sufficient financial support.

Our nursing service is a most strenuous one, seven days a week, including emergency night calls. It is most discouraging to see the number of such calls; but also something to be proud of, in that they have been answered uncomplainingly for twenty-five years,—a record not attained by any other nursing service on the American continent.

Salaries have been doubled and staffs increased, and yet our local associations have met their responsibilities and "carried on" under most trying financial conditions. They have also met the competition and overlapping of other organizations doing practically the same work and drawing financial support from the same source.

Five years ago your Central administration consisted of your Chief Superintendent, one Inspector and an assistant who was the housekeeper of the Home on Somerset Street, who did such office work as she had time and training for. The Chief Superintendent spent most of her time in the field, leaving no one to administer the affairs of head office, which was a room in the Somerset Street Home. To-day, thanks to the progressive policy of the Central Board and the expansion of the work, we have complete and comfortable offices in the Jackson Building, with a Chief Superintendent, Assistant, an Inspector, Executive Secretary, two stenographers and, when the work presses, we have often to employ a third. A new and satisfactory system of reports and records has been prepared and are supplied to all our branches, while modern system of filing all correspondence and nurses' records has been installed, books are kept and the business of the Order is carried on according to modern requirements. The nurses' uniform material is purchased wholesale and distributed to the different branches. Every day brings letters from nurses all over the Dominion telling of their problems, wanting advice or literature on some special line of work developing in their communities. Such calls are met to a limited degree by the tiny library, purchased a volume at a time, and such pamphlets as we can afford to publish. Local associations write us wanting suggestions or advice about

nursing service which all spells heavy correspondence and lengthy letters of explanation. Each branch has a different line of approach and it is the meeting of all these demands with a prompt and sympathetic response that makes for the remarkable loyalty and esprit de corps which characterize the Victorian Order of Nurses for Canada.

I am not, however, satisfied with the service we are giving. Your Chief Superintendent is away too much, which results in important work connected with the nursing service becoming congested, and local associations are quite justified in their complaints of the lack of prompt attention to their demands.

The improving and standardizing of the nursing service of all branches is a never ending and wholly absorbing occupation for our executive nurses. In this work we have always had the sympathetic co-operation and support of the local associations, and in this improvement is the very soul of our Order, not that we are changing our methods, but are having more time to develop them according to the individual needs of the communities. The motor car is the greatest blessing for the district nurse, saving time and energy for the work, leading to economy and efficiency of effort. Here again we owe thanks to local generosity.

The need of a district office with supply closets, etc. is felt even in the small district. The Homes for the nurses in connection with district offices are still thought to be necessary in some branches. Montreal has given them up and Vancouver will do so when they can sell the building. This re-organization and standardization of our service greatly strengthens our scope of usefulness and has unlimited possibilities.

To secure a sufficient number of suitable women for our work requires our constant attention. We must have women of good education, graduates of a standard training school and with public health training or experience. We gave this formerly, in our own training centres, which training we discontinued and during the past year have been experimenting with a scholarship system in connection with the various Canadian universities giving post-graduate courses in public health.

For the year past we had twenty-eight students taking this work. One has returned the amount of the scholarship—others have been assigned to the various branches. With the necessary staff adjustments, however, we find ourselves again short of nurses. One of the first duties of the newly-elected Board must be in consultation with the Director-General, to decide what action they

will take for next year's activities, in this important department of our work.

Of equal importance with the question of a sufficient supply of nurses is the imperative necessity of increasing our inspection service. In addition to Miss Cole, we have only one inspector in the field. The local associations have just cause for complaint from the lack of attention from Central Office. It often occurs that Miss Cole has to substitute for a District Superintendent—or do some district reorganization work, and this necessitates both Miss Forshaw and the Chief Superintendent being in the field. It is at these times that correspondence regarding local difficulties is neglected. There is not time to follow up inspections with the necessary reports. This question is also a financial one and the way must be found to meet it.

In addition to ordinary inspection, surveys and organizations of new fields of labor must be carried on. This is most important as the success of the Service depends so often on the preliminary visit.

Both Miss Cole and Miss Forshaw have worked unceasingly to carry to our local associations and their nursing staffs the benefit of trained inspection and it is felt that where there have been difficulties they are quickly and happily adjusted when there is some one from head office available to consult with.

The statistical reports of the past year give some interesting facts in the development of our nursing service. The total number of visits paid is over half a million, namely 508,767. This is an increase of 95,546 over the previous year, and a total of 1,883,237 during the past five years. The marked increase of the prenatal visits is very encouraging: they number 20,828 which is an increase of 8,219 in the past year, and nearly three and one-half times as many as five years ago. This is a great source of pride to the nursing service, as all these visits were made to mothers in their own homes, showing them how to utilize materials found in the home to the best possible advantage, as well as instruction in the proper care of the mother's health and preparation for the birth of the babe.

We cared for 16,165 maternity cases, an increase of 4,982 over the previous year. We cannot give the percentage of births cared for by the Victorian Order of Nurses for the Dominion, or in the different provinces, owing to the lack of complete birth registration. We have the figures for a few of the larger centres which will be of interest: In Vancouver 12% of the total births are cared for in

their homes by the V. O. N., in Toronto, 20% and in Montreal, 20%, while Halifax reached 35%. In smaller districts the percentage would be much higher.

The Child Welfare visits stand at 52,562, which is 7,366 more than the year before, and a total of 459,663 child welfare visits for the past five years, which should be a valuable contribution to Public Health. This represents preventive work carried on in the home, following up our own babies, taking on other children in the family, instructing mothers with regard to better methods of caring for the health of their children.

The school work presents rather a surprise. In my report of 1919 I pointed out that the school visits had dropped to 1,145 and I expected they would continue to decrease owing to the organization of school nursing service in the various provinces. During the past year our school visits have climbed to 6,665, which is nearly as high as five years ago and an increase of 3,981 over the previous year. This increase is due to the fact that many people feel this work can be done more economically by this Order, others preferring our nurses because we are already familiar with their living conditions, and in this way another personality is not introduced into the home with a certain authority to investigate their conditions. Our people still retain the tradition that "an Englishman's home is his castle." As one rather exasperated woman exclaimed after being called upon by representatives of different organizations, "You see, Miss, if I have to entertain three young ladies in a morning I have no time to cook my man's dinner."

Such school work as we do is much better done than formerly. We carry on this work in conformity with the various provincial programmes for school nursing service and reports are made to the Provincial Departments on the forms they issue for this purpose.

Continuous nursing is decreasing rapidly; but night visits are increasing, reaching the considerable number of 13,105, an increase of 3,368 over the past year and an increase of 5,468 over the number made five years ago. This increase is to be expected, however, with the increase of maternity cases and represents more than anything else the sacrifice of nurses taking up our work. The doctors are showing more consideration than formerly in regard to this work, which eases our lot considerably. When we can afford night staffs generally it will be a great day for our nurses and for those we serve.

As a result of our new records we have a much more intelligent idea of the detailed work of the several branches and have some conception of the educational and preventive work carried on, also the proportion this part of our work bears to the general nursing service. After hearing the figures I have quoted regarding the actual nursing service with night calls, etc., there can be no doubt existing in your minds but that actual nursing is being in no way neglected. I want to draw your attention, however, to a few outstanding facts. On the Winnipeg Annual Report I find the following items:

149 Mothercraft Classes.

10 Mothercraft Classes graduated.

*152 Home Nursing and Mothers' Classes
held; many talks given by physicians
(at the request of the V. O. N.)*

32 Nurses' Conferences held."

With the large number of nursing visits from that Branch and the heavy maternity service, great distances and strenuous climate, this struck me as a remarkable record and means organizing ability and vision on the part of Miss Prichard and her staff. This caused me to go through the details of this work throughout the Order.

To be continued.

Social Background

The International Labour Organization and What It Is Doing

BY MISS R. M. HUTTON, *Division of Industrial Hygiene, Provincial
Board of Health of Ontario.*

PROBABLY very few workers know what exactly the International Labour Organization is, what it stands for, and what it is doing. Yet the organization exists solely for the purpose of improving working conditions throughout the world and its formation is a very striking sign of the modern point of view with regard to the part to be played in the world by labour. It marks two things in especial: first, the attempt to break down national barriers and to set international standards of life so that the weakest individual in the most backward country may be benefited by the more humane civilization of progressive countries; second, the attempt to share social responsibility and to give labour more voice in the making of labour laws. If the International Labour Organization did nothing it would still be a notable sign post on the highway of democracy. As a matter of fact, however, the organization far from doing nothing is exceedingly active, and its activities having to do with the world's working population, should be of strong personal interest of every member of that population.

THE INTERNATIONAL LABOUR ORGANIZATION ESTABLISHED AS PART OF THE PEACE TREATY.

During the war it was often said that we were fighting "to make the world safe for democracy" and in the Peace Treaty ending the war practical steps were taken to promote this safety. One step was the establishment of the International Labour Organization to improve the existing conditions of labour which it was felt involved "such injustice, hardship, and privation to large numbers of people as to produce unrest so great that the peace and harmony of the world are imperilled." Certain means of improving labour conditions were especially mentioned as follows: "The regulation of the hours of work, including the establishment of a maximum work-

ing day and week"; "The regulation of the labour supply"; The prevention of unemployment"; "The provision of an adequate living wage"; "The protection of the worker against sickness, disease, and injury arising out of his employment"; "The protection of children, young persons and women"; "Provision for old age and injury"; "Protection of the interests of workers when employed in countries other than their own"; "Recognition of the principle of freedom of association"; "The organization of vocational and technical education, and other measures."

HOW THE INTERNATIONAL LABOUR ORGANIZATION WORKS.

Fifty-four different countries belong to the organization and are entitled to send representatives to the annual conferences. Each country may send four representatives, of whom two are Government delegates, one a representative of employers, and one a representative of employees.

At these conferences schemes for improving working conditions are discussed and recommendations and conventions suggesting reforms are made. Each country which belongs to the organization—practically all countries belong—is then pledged to consider the recommendations and conventions within at the outside eighteen months' time. They may either reject them, accept them in part or accept them complete, and if they accept they must bring in legislation to put the reforms in force. Before either accepting or rejecting each country will have to reconsider its own conditions and possibly make special investigations to learn the applicability of the proposed reforms to its own labour problems.

QUESTIONS CONSIDERED BY THE LABOUR ORGANIZATION TO DATE.

So far there have been three annual conferences the first at Washington in October and November, 1919; the second at Genoa in June and July, 1920; and the third at Geneva in October and November, 1921. The following are the results of the three conferences:

DRAFT CONVENTION AND RECOMMENDATIONS ADOPTED AT THE WASHINGTON CONFERENCE.

Draft Convention limiting the hours of work in industrial undertakings to eight in the day and forty-eight in the week.

Draft Convention concerning unemployment.

Recommendation concerning unemployment.

Recommendation concerning reciprocity of treatment of foreign workers.

Draft Convention concerning the employment of women before and after childbirth.

Draft Convention concerning employment of women during the night.

Recommendation concerning the prevention of anthrax.

Recommendation concerning the protection of women and children against lead poisoning.

Recommendation concerning the establishment of Government Health Services.

Draft Convention fixing the minimum age for admission of children to industrial employment.

Draft Convention concerning the night work of young persons employed in industry.

Recommendation concerning the application of the Berne Convention of 1906 on the prohibition of the use of phosphorus in the manufacture of matches.

DRAFT CONVENTIONS AND RECOMMENDATIONS ADOPTED AT THE GENOA CONFERENCE.

Recommendation concerning the limitation of hours of work in the fishing industry.

Recommendation concerning the limitation of hours of work in inland navigation.

Recommendation concerning the establishment of national seamen's codes.

Draft Convention fixing the minimum age for admission of children to employment at sea.

Recommendation concerning unemployment insurance for seamen.

Draft Convention concerning unemployment indemnity in case of loss or foundering of the ship.

Draft Convention for establishing facilities for finding employment for seamen.

DRAFT CONVENTIONS AND RECOMMENDATIONS ADOPTED AT THE GENEVA CONFERENCE.

Recommendation concerning the prevention of unemployment in agriculture.

Recommendation concerning the protection, before and after childbirth, of women wage-earners in agriculture.

Recommendation concerning night work of women in agriculture.

Draft Convention concerning the age for admission of children to employment in agriculture.

Recommendation concerning night work of children and young persons in agriculture.

Recommendation concerning the development of technical agricultural education.

Recommendation concerning living-in-conditions of agricultural workers.

Draft Convention concerning the rights of association and combination of agricultural workers.

Draft Convention concerning workmen's compensation in agriculture.

Recommendation concerning social insurance in agriculture.

Draft Convention concerning the use of white lead in painting.

Draft Convention concerning the application of the weekly rest in industrial undertakings.

Recommendation concerning the application of the weekly rest in commercial establishments.

Draft Convention fixing the minimum age for the admission of young persons to employment as trimmers or stokers.

Draft Convention concerning the compulsory medical examination of children and young persons employed at sea.

EACH COUNTRY'S INDIVIDUAL RESPONSIBILITY.

The International Labour Organization cannot, of course, legislate for the individual countries. All it does is to promote public opinion by making known to all the countries belonging to it the general standards of labour conditions which have received majority assent from the accredited representatives of the Governments, employers, and employees of the different countries. It remains with each country to adopt to its own use the experience of others and to keep its standards of life at the highest possible level.

Incidence of Venereal Disease in the Dominion

There is a decrease in the admissions to venereal disease clinics in some of the provinces, notably Alberta, Saskatchewan and Manitoba. This decrease would appear to indicate a diminishing incidence of venereal disease in these provinces. The subjoined figures for all of the clinics in operation in the Dominion show a gradual increase in the attendance which may and probably does, mean a gradually increasing incidence of venereal disease for the whole Dominion.

Whether venereal disease is decreasing or not in the less densely populated provinces is a question. In the smaller cities and towns throughout the Dominion, the "per capitum" attendance at venereal disease clinics has always been less than in the larger cities and towns, not because the incidence of venereal disease is less in the small city and town, but because the small town atmosphere makes for concealment. There is certainly no diminution in the incidence of venereal disease in the more densely populated centres and this is the experience in the United States.

Reporting of venereal diseases by physicians would give us a clear insight into the question and it is to be regretted that the practitioner has not as yet the "clear vision" that the situation calls for.

J. J. HEAGERTY.

CANADA.

NEW CASES ADMITTED TO VENEREAL DISEASE CLINICS.

<i>January.</i>	1921.	1922.
Syphilis	513	535
Gonorrhoea	564	737
Chancroid	18	30
<i>February.</i>		
Syphilis	500	737
Gonorrhoea	467	485
Chancroid	7	23
<i>March.</i>		
Syphilis	323	433
Gonorrhoea	367	524
Chancroid	13	40



The Provincial Board of Health of Ontario

COMMUNICABLE DISEASES REPORTED FOR THE MONTH OF JUNE, 1922.

COMPARATIVE TABLE.

Diseases.	June, 1922.		June, 1921.	
	Cases.	Deaths.	Cases.	Deaths.
Small-pox	104	0	170	2
Scarlet Fever	151	5	289	6
Diphtheria	191	19	371	20
Measles	2,103	4	392	2
Whooping Cough	65	6	194	7
Typhoid	24	2	29	5
Tuberculosis	204	142	220	105
Infantile Paralysis .....	.....	.....	.....	.....
Cerebro-Spinal Meningitis	3	3	9	9
Influenzal Pneumonia .....	.....	18	2	2
Primary Pneumonia .....	.....	140	.....	126

VENEREAL DISEASES REPORTED FOR JUNE, 1922.

	1922	1921
	Cases.	Cases.
Syphilis	219	112
Gonorrhoea	210	155
Chancroid .....	.....	3
	<hr/> 429	<hr/> 270

The health of the Province for the month of June is very satisfactory compared with June, 1921, according to reports received of communicable diseases.

It will be observed in the comparative table a marked reduction has taken place in small-pox, scarlet fever and diphtheria.

The decrease in small-pox is 38 per cent., scarlet fever 47 per cent. and diphtheria 48 per cent.

Measles, which have been more or less prevalent in some cities and towns for the last few months, show a slight abatement. The municipalities reporting the greatest number of cases are: Toronto 1,084 cases, Ottawa 209, Hamilton 170, Essex Border 223, Oshawa 52.

Small-pox cases are 66 less. The only recent outbreak during the month is at Woodstock, where some 11 cases have been reported. The following places reported the disease: Toronto 7 cases, Ottawa 32, Woodstock 11, Waterloo Township 8, Ridgetown 6, St. Catharines 4, Niagara Falls 5, Hamilton 3, Leamington 4, Owen Sound 2, Kitchener 4, Saugeen 2, Cumberland 2, Clarence Township 4, Tavistock 2, and Port Elgin, Chatham, L'Original, Watdown Newmarket, Puslinch, West Flamboro 1 case each.

COMMUNICABLE DISEASES REPORTED BY LOCAL BOARDS OF HEALTH FOR THE MONTH OF MAY, 1922.

COMPARATIVE TABLE.

Diseases.	1922.		1921.	
	Cases.	Deaths.	Cases.	Deaths.
Small-pox	88	0	533	1
Scarlet Fever	219	5	386	11
Diphtheria	190	16	434	32
Measles	2,165	10	516	8
Whooping Cough	119	11	228	15
Typhoid	23	6	38	8
Tuberculosis	200	122	224	130
Infantile Paralysis	—	—	3	2
Cerebro-Spinal Meningitis	4	4	10	7
Influenzal Pneumonia	—	118	31	19
Primary Pneumonia	—	245	—	181

TABLE SHOWING DECREASES BY MONTHS, 1922.

	Small-pox Cases.	Scarlet Cases.	Diphtheria Cases.
January	170	518	486
February	185	610	403
March	113	446	320
April	79	249	308
May	88	219	190

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH, MAY, 1922.

	1922.	1921.
Syphilis	104	261
Gonorrhoea	143	252
Chancroid	3	6
	<hr/>	<hr/>
	250	519

MUNICIPALITIES REPORTING SMALL-POX.

Ottawa	8	Rama	1
Aldborough	1	South Norwich	5
Kingsville	1	L'Original	2
Nelson	1	Bucke Township	3
Chatham	1	Kitchener	1
Ridgetown	1	Waterloo Township	3
Zone	1	Niagara Falls	9
St. Catharines	3	Hamilton	1
Niagara Township	1	Toronto	36
Merritton	1	Newmarket	3
Widdifield	2	Cumberland	3
			<hr/>
		Total	88

It is most gratifying to know communicable diseases show a very low prevalence in the Province for the month of May compared with the corresponding month of 1921, as reported by Local Boards of Health.

The only epidemic is in measles, and is confined chiefly to three cities. Toronto reported 1,319 cases, Ottawa 228, Hamilton 122, making a total of 1,669, out of 2,165 for the whole Province.

A marked decrease has taken place in small-pox, scarlet fever and diphtheria for all the months since the first of the year, except February, when a slight increase was shown in small-pox and scarlet fever, as may be seen in the attached table.

Long distance calls and requests by letter continue to come to the Provincial Board of Health, Ontario, asking for specific information about Infantile Paralysis. The chief questions asked are usually as to the duration of quarantine and whether contacts should be kept in quarantine. Here are a few particulars issued by the Provincial Board of Health regarding the prevention of the

spread of this infection, which may be of interest to the profession and the public:—

1. Every case must be quarantined for a period of six weeks.
2. All children who have been in contact with a case must be quarantined and kept under observation for a period of two weeks.
3. Adult members of the family who are wage-earners may be allowed to go about their work subject to the regulations of the Provincial Board and in the discretion of the Medical Officer of Health.
4. Where there is an outbreak, gathering of children, such as picnics, picture shows and playgrounds, should be prohibited.
5. The source of origin of each case should be carefully enquired into in order that proper quarantine may be maintained.
6. In houses where cases appear all doors and windows should be screened, the premises kept clean, and no accumulation of garbage or waste permitted.
7. All cases should be at once notified to the Medical Officer of Health, and by him to the Chief Officer of the Provincial Board.
8. Mild cases, showing slight headache, rise of temperature and vomiting persisting for a few days, with slight muscular weakness and absence of paralysis, should be quarantined. These are probably one of the chief sources of contagion.
9. As Infantile Paralysis is a most serious disease and in the present epidemic giving a high death-rate, the public is urged to second the efforts of the authorities in every way in order to prevent a severe outbreak in the Province.
10. The children from an infected house should be allowed out of doors but should be kept by themselves and away from large groups of other children. In one and two-family houses it is advisable not to allow the children from an infected family outside the yard for several weeks after the onset of the case.
11. During the continuance of an epidemic of poliomyelitis children should not be allowed to congregate in public places.
12. Absolute cleanliness of all homes is essential; such cleanliness should include:
 - (a) Screens in all windows.
 - (b) Flies kept out of all rooms.
 - (c) Thorough cleanliness of all floors, woodwork, bedding and clothing.
 - (d) Avoidance of dust (all sweeping should be done after the floors have been sprinkled with wet sawdust, bits of wet newspapers or wet tea leaves).

(e) Garbage cans kept covered and washed out in hot soapsuds after they have been emptied.

(f) No refuse, either of food or other waste, allowed to accumulate.

13. Personal habits of cleanliness are essential; the hands should be washed before each meal, after each visit to the toilet, and before going to bed. Children should be warned about putting the fingers into the mouth or nostrils.

14. When sneezing or coughing, a handkerchief should be held over the mouth. Kissing of children is also a dangerous practice and should be avoided.

15. A separate room must be provided for the patient. No one must be allowed in this room except the attending physician, the nurse, clergyman or M. O. H.

News Notes

The new name of the Association for the Prevention of Tuberculosis should be noted by all public health workers. The change was confirmed at the annual meeting in St. John. References should now be made to the Canadian Tuberculosis Association.

The following note has been published in various newspapers at the request of the Ontario Safety League:

"Collisions at railway crossings continue. Most of these collisions are the culminations of races between trains and autos, ending in a time. The train, however, always succeeds in knocking the auto off the tracks, for no one has ever heard of an auto knocking a train off the tracks. It may therefore appeal to some auto drivers' sense of logic that in all such races a tie means that the auto loses."

The Secretary of the Canadian Tuberculosis Association spoke in English at the Shrebrooke meeting of the Union of Quebec Municipalities on June 20th, and was assisted by Dr. Odelon LeClerc, member of the Council of the Quebec Provincial Board of Health, who spoke in French. The conference was well attended, and the delegates showed keen interest in the three activities outlined, in which it was planned to afford co-operation to assist municipalities in tuberculosis work.

Miss Margaret Grier, B.A., previously of the Canadian Public Health Association office and later with the Big Sister Association of Toronto, has moved to Ottawa and accepted secretarial work in the office of the Canadian Tuberculosis Association.

The Provincial Medical Association of Saskatchewan, at their annual meeting held in Saskatchewan Sanatorium at Fort Qu'Appelle, in June, passed unanimous resolution, requesting the Provincial Government to provide immediately, additional sanatorium beds for the tuberculous of that Province.

Three days, December 8th, 9th and 10th have been set aside by the health organizations of the United States as "Health Days." During these days a special effort will be made in every State and

community throughout the country to take stock of the health of every individual man, woman and child. The forces of many health agencies will be centred on one objective—to induce all persons who do not now undergo periodic health examinations to begin such examinations during these days and to continue them afterwards.

Dr. J. W. S. McCullough, Chief Officer of Health for Ontario, who went to England to attend the Public Health Congress at Bournemouth, sails for Canada on August 12th.

Dr. Lyttle, M.O.H., Barrie, Ontario, and Dr. Meldrum, M.O.H., Weston, Ontario, were among those who took the July post-graduate course in pediatrics at the Hospital for Sick Children, Toronto.

The Provincial Board of Health, Ontario, is trying out a new feature at the Canadian National Exhibition this year. A series of clinics has been arranged whereby not only children but adults can be examined for physical defects and conditions which, if not attended to, may lead to ill-health and incapacity in later years. A number of prominent physicians and dentists in Toronto and elsewhere have offered their services. No treatment will be given, the idea being to stimulate public interest in the question of health, so that well people may keep themselves well, and those who are heading for trouble from a health point of view may be warned in time, before conditions that might be put right have become chronic.

The different divisions of the Provincial Board of Health, Ontario, will also have attractive booths for distributing literature and giving practical information about the work being carried on.

Dr. Lyttle, M.O.H., Barrie, has been making an investigation of summer resorts on Lake Simcoe. He finds a noticeable lack of sanitary conditions in some of the places visited and means are being taken to have conditions improved.

Editorial

THE CHICAGO PUBLIC HEALTH INSTITUTE.

AN interesting private experiment in venereal disease control is being carried on in the city of Chicago, under the direction of Dr. Joseph G. Berkowitz, and backed by such men as Harold F. McCormick, Marshall Field and others. A clinic with fifteen attending physicians has been established in a down town office building. The clinic supplies expert treatment at a charge very much lower than the usual specialists charge, and because of good business management and good publicity methods in the form of full page advertisements in daily papers there is a constant stream of apparently well satisfied patients in attendance. Since the opening of the clinic less than two years ago there have been 19,000 patients under treatment, while at present the average is about 800 per day. In other words, the yearly number of treatments is about 300,000, or three times as many as are given in all of the clinics of Quebec and Ontario combined. Figures are as yet not available as to relation that this number of treatments bears to the number of treatments given in the other clinics in Chicago.

From a report of an inspection of this clinic undertaken by the Canadian Social Hygiene Council, the PUBLIC HEALTH JOURNAL believes that the clinic is efficiently run and is dealing with the venereal disease question from the treatment point of view in a large way almost impossible to the ordinary free clinic.

It is understood that the members of the staff of this clinic have run foul of their medical society, because of accepting positions on its staff. This, however, is no criterion. Medical societies, great as is the service they render from the educational point of view, have not been noted for stressing the public health aspects of medical organization, and are very prone to be nervous over departures from the conventional attitude towards medical practice.

The Chicago experiment is very interesting. It has certainly resulted in delivering skilled medical attention to a great mass of people. The self-respect of the patients has been preserved, and their pockets considered. Furthermore, the physicians are not in receipt of inordinate salaries, and the clinic makes no

profits. By attracting this enormous number of patients the fact has again been demonstrated that the venereal disease problem is one of tremendous importance. All of which is a picture well worth the consideration of the Health Officer.

A MARTIAN CONCEPTION.

IT would appear that one of the great failures of our modern life is a general false conception of values. Few of us appreciate the fact that after all happiness is one of the greatest ends to be achieved for humanity and that happiness and the normal are really one and the same thing.

An investigating visitor from Mars would probably rapidly conclude that the main aim of human progress is material prosperity for the few. Education has evolved us by slow stages to something better than the bestial. The universities had a hand for a time in making cultured gentlemen of sorts—of a few of us. Now becoming more practical we study Gresham's law, the law of diminishing returns and the laws of optics and chemistry in order that the soil may be fertile, that the crops may move and currency become stabilized. Our primary schools with "little Latin and less Greek"—a disadvantage or otherwise according to one's antecedents and forbears, give us bookkeeping, manual training and arithmetic that we may wring a living or better—perhaps much better—from a grasping and uncharitable world. And after an education—well, we play a little, fight, grasp with the rest of them, live and pass out.

One wonders what the distinguished visitor from another planet would finally make of it all. Perhaps he would depart elated over the excellence of human achievements. Perhaps he would ponder sadly over a spectacle of strange mad creatures clawing and scratching one another's faces that each may achieve a greater success than the other. Surely he would perceive that our vaunted organization is to some degree to that end—that success is a comparative thing largely measured in dollars, that failure is lack of money and that true success is often so hidden that it is unrecognizable.

One wonders whether in the next century having arrived where we are, with the magic tools in our hands that science and industry have forged for us, we may try to achieve for the many what has been the lot of the few. Sufficient nutrition and clothing, good

housing, freedom from disease—these should be first essentials—and why not training for happiness, sufficient recreation, work chosen because of our peculiar ability and talent rather than wily nilly, training for marriage and marriage itself at a reasonable age.

But the visitor from Mars shakes his head and remarks that it is unlikely. Humans cannot desire these things because they haven't tried to get them. And as everybody knows, even in Mars, he who strives shall achieve if he only strives hard enough.

Current Literature Dealing With Venereal Diseases

These abstracts are available through the courtesy of American Social Hygiene Association.

Syphilis as an Economic Factor in Industry. By J. M. Quirk, *International Journal of Surgery*, Vol. 35, No. 5, May, 1922.

The author gives a general discussion of the history and prevalence of syphilis. Syphilis attacks every organ and tissue in the human body and simulates almost every known disease. Its lesions are not always easy to distinguish and the author states that they often have men reporting all sorts of injuries that are primarily due to syphilitic lesions. In its late manifestations with the involvement of the deeper tissues, we again have a serious economic charge against industry. The diseased bone of the syphilitic snaps in some slight injury and convalescence is prolonged beyond the normal limit. The case of syphilitic aortitis dies from some slight injury—industry pays. A trivial trauma to the head may be followed by an epileptiform attack common to syphilis, and industry pays. A neurosyphilitic loses muscular co-ordination or mental concentration, an accident occurs and industry pays. What shall industry do? Encourage education and treatment. Lecturers should be engaged, for lecturers are even more preferable than pamphlets, because many will listen to that which they are unwilling to read. The author recommends besides, prophylaxis and prophylactic education for industry.

Syphilis in General Practice. By Sir D'Arcy Power. *The Lancet*, Vol. ccii, No. 5152, May 27, 1922.

The author points out the various sources of possible error in the diagnosis of syphilis, made by general practitioners. He says that many physicians fail to make a correct diagnosis because of the social position of the patient or because of the unusual mode of infection. Other cases which go incorrectly diagnosed are those of congenital syphilitics who do not develop stigmata until maturity or until injured, when the stigmata sometimes appear. The physician should have a clear understanding of the modifying effect of syphilis upon other diseases. In concluding, Power calls atten-

tion to the fact that syphilis affects a sufficiently large number of the population to make it worth while to bear in mind the possibility of syphilis in many of the obscure and chronic inflammations which do not respond to the ordinary methods of treatment.

Neurorecurrences Following Treatment with Arsphenamin. By Ernest Zimmerman. *Archives of Dermatology and Syphilology*, Vol. 5, No. 6, June, 1922.

From the opening of the Syphilis Clinic of the John Hopkins Hospital in 1914 to September 1, 1921, 7,065 syphilitic patients have been treated. Of these, 1,400 were primary or early secondary cases. In this group, neurorecurrences have occurred in 23, or 1.64 per cent. Sixteen additional cases are included in this report, comprising patients who received initial treatment elsewhere and had already developed symptoms of neurosyphilis at the time of their first visit to the clinic, and those seen in the Syphilis Clinic of the Baltimore Eye, Ear and Throat Charity Hospital.

Dr. Zimmerman tabulates the sum of these cases which is 39, and discusses their symptomology, genesis, and prognosis. He finds that pathologically there are two types: a diffuse meningovascular process, and a process limited to one or more focalized lesions. In the former the spinal fluid is always abnormal, in the latter it may show marked abnormality or it may be entirely normal. Prophylaxis of such lesions depends on thorough mercurial treatment. It seems immaterial whether mercury is administered during or immediately following a course of arsphenamin.

Book Reviews

"Education in Health," by E. George Payne, Ph.D. Cloth, \$1.00. Pp. 253. Chicago and New York: 1921. Lyons & Carnahan.

The manuscript for this book was prepared by a number of persons intimately identified with an educational experiment in Harris Teachers' College. The instructors in the various departments were in charge of committees. These committees initiated plans, organized the subject matter, and presented conclusions for the consideration of the whole faculty. After full discussion the committee assembled for further discussion and experimentation. Therefore, this programme of education in health has stood the test of practical schoolroom experience.

"Graded Outlines in Hygiene," by W. F. Cobb. Cloth. \$1.65. Pp. 214. Yonkers-on-the-Hudson, New York: World Book Co. 1922.

This book is a guide for teachers of hygiene in the kindergarten and junior grades. Definite suggestions show how to interest the child in health, and material is given to be presented at each lesson. This book should be valuable to health teachers.

"Rural Child Welfare," by Edward N. Clopper. Cloth. \$3.00. Pp. 353. New York: The Macmillan Co. 1922.

A study of the relations of the rural child to his home, school and community. This investigation was conducted in West Virginia, but the practical results of the study are of general application.

"The Psychology of Nursing," by A. Cleveland Higgins. Cloth. \$2.75. Pp. 337. New York: G. P. Putnam's Sons. 1921.

This could be made a useful textbook for a class of nurses if interpreted to them by a thorough master of the subject. The content of the book consists of a series of lessons on applied psychology, omitting the fundamental study from which these lessons are derived. It is written in a bright, attractive style and endeavours by means of quotations and references to introduce the reader to some of the great modern teachers of psychology.—E. K. Russell.

"Community Civics and Rural Life," by S. A. W. Dunn. Cloth. \$1.50. Pp. 507. New York: D. C. Heath.

To teachers and others interested in the problem of making our schools the training grounds for citizenship, the book will be found rich in practical suggestions. Though written for use in American schools, it can be readily adapted to Canadian needs. As Mr. Dunn is Director of the American Junior Red Cross, and realizes that Junior Red Cross offers unexcelled opportunities for the practising of citizenship, the book should be of special interest to those active in Junior Red Cross Work.—S. B. McCready.

"A Form of Record for Hospital Social Service," by Gertrude L. Farmer. Boston: J. B. Lippincott Co. Price, \$1.50.

In this book the author recognizes three important factors affecting the making of a Social History form: (1) That each hospital while having some common ground with other hospitals has essential differences. (2) The limited size of staff compared with the number of patients referred. (3) The time required for this part of the work. She chooses the *individual* rather than the *family* case sheet, as cases are referred through illness and illness is of the individual with family background. This may become a family record by adding a Short Service or 5 x 8 record to the Extension Folder and indicating by a red star.

She advocates the selective process of history making—arranging under proper headings—as valuable in giving a word picture of problems involved. She also chooses the summary rather than the chronological form. Thus histories become more valuable in teaching and much unnecessary detail is omitted.

Her book is teeming with valuable illustrations and suggestions, but as yet few hospitals have a Social Service staff sufficiently large to permit one worker to devote her whole time to the supervision of history making which would be essential in successfully carrying out her scheme.

J. M. K.

